Case 24-15368 Doc 8 Filed 07/03/24 Page 1 of 39

		Ouse	24 10000 0000	7 1 11ed 01700/24 1 dge 1 01 00		
Filli	n this info	rmation to identify your	case:			
Deb	tor 1	Lawrence Peter S	Shombert			
Dehi	tor 2	First Name	Middle Name	Last Name		
	ise if, filing)	First Name	Middle Name	Last Name		
Unite	ed States B	Bankruptcy Court for the:	DISTRICT OF MARYLAN	ID		
Case	e number	24-15368				
(if kno	own)				_	eck if this is an
					ame	ended filing
~		4000				
		orm 106Sum				
				d Certain Statistical Information are filing together, both are equally responsible	for supply	12/15
infor	mation. Fil	ll out all of your schedule	es first; then complete the	information on this form. If you are filing amen		
your		. •	new <i>Summary</i> and check	the box at the top of this page.		
Part	1: Sum	marize Your Assets				
						assets e of what you own
		A/D D	1004/5)		value	e or what you own
1.	1a. Copy I	A/B: Property (Official Foine 55, Total real estate, for	orm 106A/B) rom Schedule A/B		\$	1,064,716.50
	1b. Copy I	ine 62, Total personal pro	perty, from Schedule A/B		\$	22,897.23
	1c. Copy li	ine 63, Total of all property	y on Schedule A/B		\$	1,087,613.73
Part	2: Sum	marize Your Liabilities				
					Your	liabilities
					Amou	unt you owe
2.			laims Secured by Property (mn A, <i>Amount of claim,</i> at th	Official Form 106D) se bottom of the last page of Part 1 of Schedule D	. \$_	1,935,691.03
3.			Unsecured Claims (Official I	Form 106E/F)) from line 6e of <i>Schedule E/F</i>	\$	459,600.76
	.,			ims) from line 6j of Schedule E/F	\$	286,294.39
				Your total liabilitie	s \$	2,681,586.18
Part	3: Sum	marize Your Income and	Expenses			
4.		I: Your Income (Official For combined monthly incom			\$_	30,055.03
5.		J: Your Expenses (Official			\$	15,472.03
Dort		, ,	Administrative and Statis		_	
Part				ilical NGCOIUS		
6.	-		er Chapters 7, 11, or 13? on this part of the form. Che	eck this box and submit this form to the court with y	our other s	schedules.
7.	■ Yes	d of debt do you have?				
		,				

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Lawrence Peter Shombert

Case number (if known) 24-15368

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

52,355.17

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	459,600.76
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	459,600.76

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Fill	in this info	ormation to identify	vour case and th	is filind	:			
				~				
Deb	tor 1	Lawrence P	eter Shombert	Name	Last Name			
Deb	tor 2							
(Spot	use, if filing)	First Name	Middle	Name	Last Name			
Unit	ed States I	Bankruptcy Court fo	r the: DISTRICT	OF MAF	RYLAND			
Cas	e number	24-15368						☐ Check if this is an
Cuo	- Hamber	24-13300						amended filing
Oti	isial F	- α κινα ΔΟC Δ /Γ	.					
		orm 106A/E I Ie A/B: P	_					42/45
			<u> </u>		only once. If an asset fits in more than one			12/15
infori	mation. If m ver every qu	ore space is needed, lestion.	attach a separate sh	neet to th	married people are filing together, both are nis form. On the top of any additional page: Estate You Own or Have an Interest In			
1. Do	you own o	r have any legal or e	quitable interest in a	ny resid	ence, building, land, or similar property?			
	No. Go to F	Part 2						
		e is the property?						
_	res. when	e is the property?						
1.1				What	is the property? Check all that apply			
1.1	203 Pret	tyman Drive		wiiat				
		ss, if available, or other de	scription	_	Single-family home Duplex or multi-unit building			ms or exemptions. Put claims on Schedule D:
					Condominium or cooperative	Creditors Who	Have Claim	s Secured by Property.
					Manufactured or mobile home	Current value	of the	Current value of the
	Rockvill	e MD	20850-0000		Land	entire propert		portion you own?
	City	State	ZIP Code		Investment property	\$1,064,	716.50	\$1,064,716.50
					Timeshare			ur ownership interest
				\	Other	(such as fee s a life estate), i		ncy by the entireties, or
				wno	has an interest in the property? Check one Debtor 1 only	Fee simple		
	Montgo	merv		_	Debtor 2 only			
	County	iller y			,			
	County				Debtor 1 and Debtor 2 only			nunity property
					At least one of the debtors and another information you wish to add about this ite	(see instruc	,	
					erty identification number:	iii, sucii as iocai		
				Pror	perty is a residence. It is in a trust	, the Houwse	hold Sho	mbert trust.
					property is the trust's principal a			
					rence Peter Shombert Estate.The			
					mbert. Address: 203 Prettyman D	rive. Rockvill	e, MD 208	350 A copy of
				tne 1	trust is attached.			
					your entries from Part 1, including any			\$1,064,716.50

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debt	or 1 <u>L</u>	awrence Peter	r Shombert		Case number (if known)	24-15368
3. C a	rs, vans,	trucks, tractors	s, sport utility vel	hicles, motorcycles		
	No					
	Yes					
_	163					
3.1	Make:	Honda		Who has an interest in the property? Check one		cured claims or exemptions. Put
	Model:	Insight EX S	Sedan	■ Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2022		Debtor 2 only	Current value of	the Current value of the
		nate mileage:	42000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:		At least one of the debtors and another		
				☐ Check if this is community property (see instructions)	\$20,586	\$20,586.00
Exa	amples: B			d other recreational vehicles, other vehicles tercraft, fishing vessels, snowmobiles, motorcy		
.pa	ages you	have attached f		n for all of your entries from Part 2, includin that number here		\$20,586.00
Part 3				ems terest in any of the following items?		Current value of the
		, -	·			portion you own? Do not deduct secured claims or exemptions.
E:				china, kitchenware		
		\$. d w	20; dining roor ishes/utensils/ asher/dryer, \$	niture, \$120; four lamps, \$8; four coffee m furinture, \$100; bedroom furniture, \$1 pots & pans, \$50; stove, \$40; refrigerat 150; microwave, \$30; linens, \$10; vacu tools, \$15; three book cabinets, \$30; d	90; tor, \$50; um cleaner,	\$753.00
E:		including cell pho		eo, stereo, and digital equipment; computers, p ledia players, games	rinters, scanners; music c	collections; electronic devices
		Т	V. \$30: compu	ter, \$50; cell phone, \$50.		\$130.00
		<u> </u>	, , , - z pa	, ,		
E:	xamples:	other collections	urines; paintings, , memorabilia, col	prints, or other artwork; books, pictures, or othe llectibles	er art objects; stamp, coin	, or baseball card collections;
	xamples:	for sports and I Sports, photogra musical instrume	phic, exercise, an	d other hobby equipment; bicycles, pool tables	, golf clubs, skis; canoes	and kayaks; carpentry tools;
	No					
	Yes. De	scribe				

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Debtor 1	Lawrence Peter Shombert	Case number (if known)	24-15368
	Exercise equipment,	\$10.	\$10.00
■ No	ms nples: Pistols, rifles, shotguns, ammunition, an Describe	d related equipment	
□ No	nples: Everyday clothes, furs, leather coats, de	esigner wear, shoes, accessories	
■ Yes	. Describe		4400.00
	Mens clothing, \$120.		\$120.00
□ No		agement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
	Watch, \$15.		\$15.00
■ No □ Yes	. Give specific information	d not already list, including any health aids you did not list Part 3, including any entries for pages you have attached	\$1,028.00
Part 4: D	escribe Your Financial Assets		
	wn or have any legal or equitable interest i	in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	nples: Money you have in your wallet, in your h	nome, in a safe deposit box, and on hand when you file your petit	ion
		Cash	\$40.00
	sits of money nples: Checking, savings, or other financial account institutions. If you have multiple account	counts; certificates of deposit; shares in credit unions, brokerage ts with the same institution, list each.	houses, and other similar
		Institution name:	
	17.1. Checking	Bank of America - Acct. No. 6245	\$1.86

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Debtor 1 Lawrence Peter Sh	ombert	Case number (if known)	24-15368
17.2	. Market Advantage	M&T Bank - Acct. No. 6987	\$0.00
17.3	Account with Interest	M&T Bank - Acct. No. 7207	\$4.64
17.4	Checking	TD Bank - Acct. No. 4801	\$10.08
17.5	. Checking	Capital One - Acct. No. 3870	\$136.46
17.6	Savings	Capital One - Acct. No. 9269	\$0.00
18. Bonds, mutual funds, or publi Examples: Bond funds, investre □ No	nent accounts with broker	age firms, money market accounts	
Yes	Institution or issuer nam	e:	
	Schwab One - Acct	. No. 5111	\$1.07
joint venture No Yes. Give specific information Na 20. Government and corporate be Negotiable instruments include Non-negotiable instruments are No Yes. Give specific information Is: 21. Retirement or pension accoun Examples: Interests in IRA, ER No Yes. List each account separa	n about them ame of entity: onds and other negotial personal checks, cashiel e those you cannot transfe a about them suer name: nts ISA, Keogh, 401(k), 403(l	% of ownership: ble and non-negotiable instruments se' checks, promissory notes, and money orders. er to someone by signing or delivering them. b), thrift savings accounts, or other pension or profit-sharing p Institution name:	
IRA		Fidelity - Acct No. 6272	\$1,068.00
Reti	rement Account	Merrill, Acct No. 21.12	\$21.12
	sits you have made so tha	at you may continue service or use from a company lic utilities (electric, gas, water), telecommunications compani Institution name or individual:	es, or others
23. Annuities (A contract for a period No	, ,	you, either for life or for a number of years)	
	me and description.		
24. Interests in an education IRA, 26 U.S.C. §§ 530(b)(1), 529A(b)		fied ABLE program, or under a qualified state tuition prog	ıram.

De	ebtor 1	Lawrence	Peter Shombert		Case number (if known)	24-15368
	_				_	
	■ No □ Yes		Institution name and description	n. Separately file the records of any inte	rests.11 U.S.C. § 521(c):	
25.	Trusts,	equitable or	future interests in property (or	ther than anything listed in line 1), ar	nd rights or powers exerc	isable for your benefit
	■ No				g	,
		Give specific	information about them			
26.	_Exampl		, trademarks, trade secrets, an domain names, websites, proceed	nd other intellectual property ds from royalties and licensing agreeme	ents	
	■ No □ Yes.	Give specific	information about them			
27.			es, and other general intangible permits, exclusive licenses, coop	es erative association holdings, liquor licer	nses, professional licenses	
	■ No					
	☐ Yes.	Give specific	information about them			
M	oney or p	property owe	d to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.		unds owed to	o you			
	■ No					
	☐ Yes. (Give specific	information about them, including	g whether you already filed the returns a	and the tax years	
29.	Family	support				
			or lump sum alimony, spousal se	upport, child support, maintenance, divo	orce settlement, property se	ettlement
	■ No					
	☐ Yes. C	Give specific i	information			
		- · · · · · · · · · · · · · · · · · · ·				
30.		<i>les:</i> Unpaid w	neone owes you vages, disability insurance payme unpaid loans you made to some	ents, disability benefits, sick pay, vacation	on pay, workers' compensa	ation, Social Security
	■ No					
	☐ Yes.	Give specific	information			
31.		s in insuran les: Health, d		savings account (HSA); credit, homeow	vner's, or renter's insurance)
	■ No					
	☐ Yes. N	Name the insu	urance company of each policy a			
			Company name:	Benefici	ary:	Surrender or refund value:
						value.
32.	If you a		perty that is due you from some ciary of a living trust, expect proc	eone who has died eeds from a life insurance policy, or are	e currently entitled to receiv	e property because
	_	0:	to form and the second			
	⊔ Yes.	Give specific	Information			
33.			d parties, whether or not you has, employment disputes, insurance	ave filed a lawsuit or made a demand ce claims, or rights to sue	d for payment	
	■ No					
	☐ Yes.	Describe eac	h claim			
34.		ontingent ar	nd unliquidated claims of every	nature, including counterclaims of t	the debtor and rights to s	et off claims
	■ No					
	☐ Yes.	Describe eac	h claim			
25	A		a constable was above the the s			
ა 5.	_ `	ancial assets	s you did not already list			
	No					

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Deb	otor 1	Lawrence Peter Shombert		Case number (if known)	24-15368
	☐ Yes.	Give specific information			
36.		the dollar value of all of your entries from Part 4, including art 4. Write that number here			\$1,283.23
Part	5: De	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
	-	own or have any legal or equitable interest in any business-relate	d property?		
	No. Go	o to Part 6.			
	Yes. C	Go to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. I	•	ı own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
53. I		have other property of any kind you did not already list?			
	<i>Exam</i> µ ■ No	oles: Season tickets, country club membership			
		Give specific information			
54.	Add 1	the dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part '	1: Total real estate, line 2			\$1,064,716.50
56.	Part 2	2: Total vehicles, line 5	\$20,586.00		
57.	Part 3	3: Total personal and household items, line 15	\$1,028.00		
58.	Part 4	4: Total financial assets, line 36	\$1,283.23		
59.	Part !	5: Total business-related property, line 45	\$0.00		
60.	Part (6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$22,897.23	Copy personal property to	stal \$22,897.23
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$1,087,613.73

Schedule AB

Exhibit A

Exhibit B

Exhibit C

Page 1 of 2

Page 2 of 2

Exhibit D

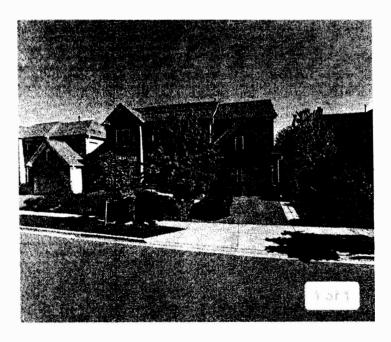
Exhibit E

Exhibit F

<

Schedule AB - Exhibit A





-- bd 5.5 ba 4,022 sqft 203 Prettyman Dr, Rockville, MD 20850

Off market

Zestimate[®]: **\$1,198,400** Rent Zestimate[®]:

\$3,694

Est. refi payment: \$7,235/mo

S Refinance your loan

Home value Owner tools Home details 1



□ Zillow HomeLoans Get pre-qualified for a loan

At Zillow Home Loans, we can pre-qualify you in as little as 3 minutes with no impact to your credit score.

Start now

An equal housing lender. NMLS #10287.

Home value

It looks
like this
property
has
missing
facts,

4457-X 124-2-X 5750 - 445-4 Real Property Data Search () Search Result for MONTGOMERY COUNTY

Schedule AB - Exhibit B

View Map View GroundRent Redemption View GroundRent Registration

Special Tax Recapture: None

Account Identifier: District - 04 Account Number - 03345771

Owner Information

Owner Name: HOUSEHOLD SHOMBERT TRUST Use: RESIDENTIAL

Principal Residence: YES Mailing Address: 203 PRETTYMAN DR **Deed Reference:**

ROCKVILLE MD 20850-4707

Location & Structure Information

Premises Address: 203 PRETTYMAN DR Legal Description: **FALLSGROVE** ROCKVILLE 20850-4707

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 21885 FR53 0000 0000 4010284.16 0284 Ε 3 2022 Plat Ref: / 21885

Town: ROCKVILLE

Primary Structure Built Above Grade Living Area Finished Basement Area **Property Land Area County Use** 2002

4,022 SF 6.857 SF 111

Stories Basement Type Exterior Quality Full/Half Bath Garage **Last Notice of Major Improvements**

2 YES STANDARD UNIT FRAME/ 5 5 full/ 1 half 2 Attached

Value Information

Base Value Value Phase-in Assessments As of As of As of 01/01/2022 07/01/2023 07/01/2024 Land: 400,700 420,700 Improvements 500,800 525,100 945,800

Total: 901,500 945,800 931,033

Preferential Land: 0 0

Transfer Information

Seller: SHOMBERT LAWRENCE P. Date: 10/14/2014 Price: \$0 Type: NON-ARMS LENGTH OTHER Deed1: /49277/ 00230 Deed2:

Seller: SOLER, EMILIO R & STACY A Date: 05/09/2006 Price: \$1,225,000

Type: ARMS LENGTH IMPROVED Deed1: /32288/ 00738 Deed2: Seller: PULTE HOMES CORPORATION Date: 12/13/2002 Price: \$650,350 Deed2:

Type: ARMS LENGTH IMPROVED Deed1: /22523/ 00536

Exemption Information

Partial Exempt Assessments: Class 07/01/2023 07/01/2024 County: 000 0.00 State: 000 0.00 Municipal: 000 0.00|0.00 0.00|0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: Approved 08/08/2013

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date: /49277/ 00230

Options

Next Steps

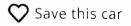
Schedule AB - Exhibit C page 1 of 2

Advertisement

My Car's Value 2022 Honda Insight EX Sedan 4D



4.3 (13 Ratings) Write a review





Recalls: 2 Recalls Found Is my car affected?

Repair Estimator: See Pricing

What's a fair price?

Your Options

Instant Cash Offer

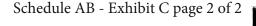
Trade-in

Private Party

Donate Your Car



Save this car







Value valid as of 06/21/2024

Factors That Impact Value

Check that yours are correct below.

Mileage: **42,000 ⊘** ZIP Code: **21536 ♀**

Condition **Good**



Continues

PRIVATE Exchange



Reach millions of buyers on Autotrader and KBB.com



Free vehicle history report



Secure transactions and financing



Verified buyers and sellers

Verified buyers get a clean title every time. Verified sellers get secure payment.

Autotrader



A BANK OF AMERICA COMPANY MERRILL

Online at: www.merrilledge.com

FBO LAWRENCE P SHOMBERT LAWRENCE P SHOMBERT IRA **ROCKVILLE MD 20850-4707** 203 PRETTYMAN DR STE A MLPF& S CUST FPO

Account Number:

24-Hour Assistance: (877) 653-4732 14241

Access Code:

\$21.12

Net Portfolio Value: Your Merrill Office:

FL9-802-03-05 Merrill EDGE

JACKSONVILLE, FL 32203 P.O. BOX 40486

May 01, 2024 - May 31, 2024

Year to Date \$21.12 \$21.12 This Statement Securities You Transferred In/Out Opening Value (05/01) Closing Value (05/31) Market Gains/(Losses) **Fotal Credits Total Debits**

This account is enrolled in the Merrill Edge Self-Directed Service

RETIREMENT ACCOUNI

ASSETS	May 31	April 30
Cash/Money Accounts	21.12	21.12
Fixed Income	•	•
Equities	•	•
Mutual Funds	•	•
Options	•	•
Other/Annuities/Insurance	•	•
Subtotal (Long Portfolio)	21.12	21.12
TOTAL ASSETS	\$21.12	\$21.12
LIABILITIES		
Debit Balance		
TOTAL LIABILITIES	•	
NET PORTFOLIO VALUE	\$21.12	\$21.12

Merrill Lynch, Pierce, Fenner & Smith Incorporated (also referred to as "MLPF&S" or "Merrill") makes available certain investment products sponsored, managed, distributed or provided by companies that are affiliates of Bank of America Corporation (BofA Corp). MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of BofA Corp. Investment products: Are Not FDIC Insured Are Not Bank Guaranteed May Lose Value

1 of 8

Envelope # BQJKKRBBBSVWB

203 PRETTYMAN DR ROCKVILLE MD 20850-4707 LAWRENCE P SHOMBERT

	\$1,068.80	Ending Account Value Incl. Al
	0.00	Accrued Interest (AI)
\$1,068.80	\$1,068.80	Ending Account Value **
31.69	4.48	Change in Investment Value *
-1,000.00	•	Subtractions
\$2,037.11	\$1,064.32	Beginning Account Value
Year-to-Date	This Period	

▲ \$4.48

\$1,068.80

INVESTMENT REPORT May 1, 2024 - May 31, 2024

FIDELITY ROLLOVER IRA LAWRENCE P SHOMBERT - ROLLOVER

IRA - FIDELITY MANAGEMENT TRUST CO - CUSTODIAN

6272

Account Number:

Your Account Value:

Change from Last Period:

Reflects appreciation or depreciation of your holdings due to price changes, transactions from Other Activity In or Out and Multi-currency transactions, plus any distribution and income earned during the statement period. Excludes unpriced securities. *

Contact Information

Fidelity.com (800) 544-5555 (800) 544-6666 FAST®-Automated Telephone Customer Service Online

Brokerage services provided by Fidelity Brokerage Services LLC (FBS), Member NYSE, SIPC (800) 544-6666. Brokerage accounts carried by National Financial Services LLC (NFS), Member NYSE, SIPC.



\$1.07

Schwab One® Account of

LAWRENCE PETER SHOMBERT



May 1-31, 2024 Statement Period

This Statement

\$0.00 0.00 0.00 0.00 0.07 1.00 0.00

Account Summary

Ending Account Value as of 05/31

\$1.07

Beginning Value	Deposits	Withdrawals	Dividends and Interest	Transfer of Securities	Market Appreciation/(Depreciation

Account Ending Value reflects the market value of your cash and investments, it does not include pending transactions, unpriced securities or assets held outside Schwab's custody.

Ending Value w

Expenses

20850-4707

Schedule AB - Exhibit F

ROCKVILLE MD 203 PRETTYMAN DR LAWRENCE PETER SHOMBERT

For the most current records on your account visit schwab.com/login. Statements are

24/7 Customer Service

archived up to 10 years online.

Customer Service and Trading: Call your Schwab Representative 1-800-435-4000

Manage Your Account

Client Relationship Summaries and Best Interest disclosures are at schwab.com/transparency. Charles Schwab & Co., Inc. Member SIPC. Commitment to Transparency

Online Assistance

Wisit us online at schwab.com

Visit schwab.com/stmt to explore the features and benefits of this statement.

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Debtor 1	Lawrence Peter S	Shombert		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	DISTRICT OF MARYLAND		
Case number 2	4-15368			
(if known)				Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exemp
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1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	203 Prettyman Drive Rockville, MD 20850 Montgomery County	\$1,064,716.50		\$27,900.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(2)				
	Property is a residence. It is in a trust, the Houwsehold Shombert trust. This property is the trust's principal asset. The Benificiary is the Lawrence Peter Shombert Estate. The Trustee is Minis Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	P100. § 11-304(I)(I)(I)(2)				
	2022 Honda Insight EX Sedan 42000 miles	\$20,586.00		\$3,322.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)				
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	P100. 9 11-304(I)(I)(I)(I)				
	Living room furniture, \$120; four lamps, \$8; four coffee/end tables,	\$753.00		\$753.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)				
\$20; dining room furinture, \$100; bedroom furniture, \$90; dishes/utensils/pots & pans, \$50; stove, \$40; refrigerator, \$50; washer/dryer, \$150; microwave, \$30; linens, \$10; vacuum cleaner, Line from <i>Schedule A/B</i> : 6.1				100% of fair market value, up to any applicable statutory limit	1100. 3 11-304(0)(4)				

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Brief description of the property and line on	Current value of the	Ame	ount of the exemption you claim	Specific laws that allow exemption	
Schedule A/B that lists this property Copy the value from			ount of the exemption you claim ck only one box for each exemption.	Cp35.110 tallo tall tallow exemption	
TV, \$30; computer, \$50; cell phone,	Schedule A/B \$130.00		\$130.00	Md. Code Ann., Cts. & Jud.	
\$50.	\$130.00	-	\$130.00	Proc. § 11-504(b)(4)	
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
Exercise equipment, \$10. Line from Schedule A/B: 9.1	\$10.00		\$10.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)	
			100% of fair market value, up to any applicable statutory limit		
Mens clothing, \$120. Line from Schedule A/B: 11.1	\$120.00		\$120.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)	
Ellie II olii ooneaale / v.b. TTT			100% of fair market value, up to any applicable statutory limit	1.66. 3 11.664(1)(1)(1)(1)	
Watch, \$15. Line from Schedule A/B: 12.1	\$15.00		\$15.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)	
Ellio II olii ookeaale / v B. Tari			100% of fair market value, up to any applicable statutory limit		
Cash Line from Schedule A/B: 16.1	\$40.00		\$40.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)	
Ellie II dill donicaule / V.D. 1911			100% of fair market value, up to any applicable statutory limit		
Checking: Bank of America - Acct. No. 6245	\$1.86		\$1.86	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	3 11 23 (13)(2)	
Account with Interest: M&T Bank - Acct. No. 7207	\$4.64	-	\$4.64	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit		
Checking: TD Bank - Acct. No. 4801 Line from Schedule A/B: 17.4	\$10.08		\$10.08	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Elle II olii ooneaale / v.b. 1111			100% of fair market value, up to any applicable statutory limit		
Checking: Capital One - Acct. No. 3870	\$136.46		\$136.46	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit		
Schwab One - Acct. No. 5111 Line from Schedule A/B: 18.1	\$1.07		\$1.07	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)	
			100% of fair market value, up to any applicable statutory limit	2-1 3 - 1-2 - 10 (17,17,17,17)	
IRA: Fidelity - Acct No. 6272 Line from Schedule A/B: 21.1	\$1,068.00		\$1,068.00	11 U.S.C. § 522(b)(3)(C)	
EING HOIH GGREGUIE AV.D. 21.1			100% of fair market value, up to any applicable statutory limit		

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Debtor	1 <u>La</u>	wrence Peter Shombert		Case number (if known)	24-15368		
	ef description of the property and line on hedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Retirement Account: Merrill, Acct No. 21.12 Line from Schedule A/B: 21.2		\$21.12	\$21.12		11 U.S.C. § 522(b)(3)(C)	
					100% of fair market value, up to any applicable statutory limit		
	•	claiming a homestead exemption of a djustment on 4/01/25 and every 3			ed on or after the date of adjustmen	t.)	
	No						
	Yes.	Did you acquire the property covere	ed by the exemption wi	thin 1	215 days before you filed this case?	•	
		No					
		Yes					

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Fill in this information	to identify yoυ	ır case:				
Debtor 1 La	wrence Peter	Shombert				
Firs	t Name	Middle Name La	st Name		•	
Debtor 2						
(Spouse if, filing) Firs	t Name	Middle Name La	st Name			
United States Bankrupt	cy Court for the	DISTRICT OF MARYLAND				
Case number 24-15	368					
(if known)	300				☐ Check	if this is an
						led filing
						Ū
Official Form 10	<u>6D</u>					
Schedule D: 0	Creditors	Who Have Claims Se	cured	by Propert	V	12/15
		If two married people are filing together, bout, number the entries, and attach it to th				
1. Do any creditors have o	laims secured by	your property?				
<u> </u>		nis form to the court with your other sch	edules. You	ı have nothing else t	o report on this form.	
■ Yes. Fill in all of		·				
		Delow.				
Part 1: List All Secu	ured Claims			Column A	Column B	Column C
		more than one secured claim, list the creditor		Amount of claim	Value of collateral	Unsecured
		s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim:		Do not deduct the	that supports this	portion
0.4 American Henr	do Financo			value of collateral.	claim	If any
2.1 American Hono	aa rinance			\$17,264.00	\$20,586.00	\$0.00
ordanor o riamo		2022 Honda Insight EX Sedan 4 miles	12000			
Attn: Bankrupt	cv					
Po Box 168088	•	As of the date you file, the claim is: Chec apply.	k all that			
Irving, TX 7501	6	☐ Contingent				
Number, Street, City, St	ate & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Ch	neck one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		An agreement you made (such as morte	gage or secu	red		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechan	ic's lien)			
At least one of the debt	ors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim rel community debt	lates to a	Other (including a right to offset)				
Date debt was incurred	Opened 10/21 Last Active 5/17/24	Last 4 digits of account number	2122			

Debtor 1 Lawrence Peter Shomb	ert	Case number (if known)	24-15368	
First Name Middle N	ame Last Name			
2.2 Comptroller of Maryland	Describe the property that secures the claim:	\$78,863.19	\$1,064,716.50	\$0.00
Creditor's Name	203 Prettyman Drive Rockville, MD	1		*
	20850 Montgomery County			
	Property is a residence. It is in a			
	trust, the Houwsehold Shombert			
Davanua Administration	trust. This property is the trust's			
Revenue Administration Division	principal asset. The Benificiary is			
Room 100	the Lawrence Peter Shombert			
110 Carroll Street	Estate.The			
Annapolis, MD	As of the date you file, the claim is: Check all that	_		
21411-0001	apply.			
	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	Unlei (including a right to onset)			
Date debt was incurred 2/22/24	Last 4 digits of account number 628	4		
2.3 IRS	Describe the property that secures the claim:	\$328,091.45	\$1,064,716.50	\$0.00
Creditor's Name	203 Prettyman Drive Rockville, MD	1		
	20850 Montgomery County			
	Property is a residence. It is in a			
	trust, the Houwsehold Shombert			
	trust. This property is the trust's			
	principal asset. The Benificiary is			
Bankruptcy Department	the Lawrence Peter Shombert			
PO Box 7346	As of the date you file, the claim is: Check all that]		
Philadelphia, PA	apply.			
19101-7346	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
2019 Lien				
filed in				
Date debt was incurred 6/17/221	Last 4 digits of account number 628	4		

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Debtor 1 Lawrence Peter Shomb	Case number (if known)			
First Name Middle Name Last Name				
2.4 IRS	Describe the property that secures the claim:	\$138,882.81	\$1,064,716.50	\$0.00
Creditor's Name Bankruptcy Department PO Box 7346	203 Prettyman Drive Rockville, MD 20850 Montgomery County Property is a residence. It is in a trust, the Houwsehold Shombert trust. This property is the trust's principal asset. The Benificiary is the Lawrence Peter Shombert Estate.The As of the date you file, the claim is: Check all that	ψ130,002.01	ψ1,004,710.30	φο.σο
Philadelphia, PA 19101-7346	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2022	Last 4 digits of account number 628	4		
2.5 IRS	Describe the property that secures the claim:	\$1,316,546.11	\$1,064,716.50	\$771,347.34
Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number, Street, City, State & Zip Code Who owes the debt? Check one.	203 Prettyman Drive Rockville, MD 20850 Montgomery County Property is a residence. It is in a trust, the Houwsehold Shombert trust. This property is the trust's principal asset. The Benificiary is the Lawrence Peter Shombert Estate.The As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or	cocurad		
■ Debtor 1 only □ Debtor 2 only	car loan)	SCOULEU		
☐ Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
2013 with lien filed in 5/5/23	Last 4 digits of account number 628	4		

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Debtor 1 Lawrence First Name	Peter Shomb Middle N		Case number (if known)	24-15368	
2.6 Mr. Cooper		Describe the property that secures the claim:	\$52,543.47	\$1,064,716.50	\$0.00
Creditor's Name PO Box 60516 City of Industr	y, CA	203 Prettyman Drive Rockville, MD 20850 Montgomery County Property is a residence. It is in a trust, the Houwsehold Shombert trust. This property is the trust's principal asset. The Benificiary is the Lawrence Peter Shombert Estate.The As of the date you file, the claim is: Check all that apply.		<u> </u>	Ţ,
91716-0516		☐ Contingent			
Number, Street, City, S	tate & Zip Code	Unliquidated			
Who owes the debt? C	heck one	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only	ricok oric.	☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)	, ou. ou		
Debtor 1 and Debtor 2	only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim re community debt	lates to a	Other (including a right to offset) Mortgage			
Date debt was incurred		Last 4 digits of account number 4220			
Wyndham Vac Ownership	ation	Describe the property that secures the claim:	\$3,500.00	\$0.00	\$3,500.00
Creditor's Name		Time Shared Loan			
Attn: Bankrupt P.O. Box 98940 Las Vegas, NV Number, Street, City, S	0 89139	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as mortgage or secar loan)	ecured		
☐ Debtor 1 and Debtor 2	only	■ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim re community debt	lates to a	Other (including a right to offset)			
Date debt was incurred	Opened 10/19/13 Last Active 04/24	Last 4 digits of account number 6101			
	=	Column A on this page. Write that number here:	\$1,935,691	.03	
If this is the last page of Write that number here		the dollar value totals from all pages.	\$1,935,691	.03	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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					· ·			
Fill in this info	rmation to identify your ca	se:						
Debtor 1	Lawrence Peter Sho	omhert						
	First Name		Last Name					
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	DISTRICT OF MARYLAND						
	-							
Case number	24-15368						Choole if th	ia ia an
(ii kilowii)							Check if th amended f	
Official For	m 106E/F							
		o Have Unsecured C	laims					12/15
Schedule G: Exec Schedule D: Cred left. Attach the C	cutory Contracts and Unexpire ditors Who Have Claims Secure	at could result in a claim. Also list d Leases (Official Form 106G). Do ned by Property. If more space is nee if you have no information to repor	not include eded, copy	e any cred the Part	ditors with partially you need, fill it out,	secured clain number the	ns that are li entries in the	isted in e boxes on the
Part 1: List	All of Your PRIORITY Unse	cured Claims						
1. Do any cred	itors have priority unsecured of	laims against you?						
☐ No. Go to	Part 2.							
Yes.								
identify what possible, list	type of claim it is. If a claim has the claims in alphabetical order a	f a creditor has more than one priority both priority and nonpriority amounts, according to the creditor's name. If you bular claim, list the other creditors in P	list that clai u have mor	im here ar	nd show both priority	and nonpriorit	y amounts. A	s much as
(For an expla	anation of each type of claim, see	the instructions for this form in the in-	struction bo	ooklet.)				
					Total claim	Priority amount		onpriority nount
2.1 Comn	nonwealth of Kentucky	Last 4 digits of account i	number 6	3284	\$2,776.73		776.73	\$0.00
	Creditor's Name				Ψ2,770.70	Ψ=,,		Ψ0.00
	on of Collections	When was the debt incu	rred? 1	2/2022		_		
501 H	igh Street							
	fort, KY 40602-0491							
	Street City State Zip Code	As of the date you file, th	ne claim is	: Check a	ll that apply			
Who incur	red the debt? Check one.	☐ Contingent						
■ Debtor	1 only	☐ Unliquidated						
☐ Debtor 2	2 only	☐ Disputed						
☐ Debtor	1 and Debtor 2 only	Type of PRIORITY unsec	ured claim	1:				
	one of the debtors and another	☐ Domestic support oblig	gations					
☐ Check i	f this claim is for a community	debt Taxes and certain other	er debts you	owe the	government			
	n subject to offset?	☐ Claims for death or per	,		•			
■ No		Other. Specify						
☐ Yes								

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Last 4 digits of account number 6.284 \$246,920.45 \$246,920.45 \$0.00	Debtor 1 Lawrence Peter Shombert		Case n	umber (if known)	24-15368	
Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Nomber Street City State 2 pC code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State 2 pC code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Department Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 and 8		Last 4 digits of account number	6284	\$246,920.45	\$246,920.45	\$0.00
Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the deticors and another Check if this claim is for a community debt is the claim Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 and Debtor 2 only No Debtor 3 only No Debtor 3 only No Debtor 3 only No Debtor 3 only No Incurred the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Debtor 3 only No Incurred the debtor 2 only No Debtor 3 only No Debtor 3 only No Debtor 3 only No Debtor 3 only No Debtor 4 only No Debtor 4 only No Debtor 5 only No Debtor 5 only No Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6	Bankruptcy Department	When was the debt incurred?	2020			
Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Pronty Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code No I cannot the debtor 2 only Debtor 1 only Rise Sand Certain other debts you ove the government Site to claim subject to offset? No Prost Specify Last 4 digits of account number 6284 \$39,830.61 \$39,830.61 \$0.00 Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Rise Reankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Rise Reankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Rise Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Rise Clips State Zip Code Non-Rise Clips State Zip Code	Philadelphia, PA 19101-7346	A of the data way file the plains	: O			
Debtor 1 only Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated When incurred? Debtor 2 shapes of the debtor shapes o	•		is: Check a	II that apply		
Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government sinch claim subject to offset? No Yes 2.3 IRS Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Yes 2.4 IRS Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only No Yes Last 4 digits of account number 6284 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 only No Yes Last 4 digits of account number 6284 size, 39,830.61 S39,830.61 S39,830.	<u>_</u>	_				
Debtor 1 and Debtor 2 only	_	'				
Domestic support obligations Domestic support obligations Taxes and certain other debts you owe the government Claims for a community debt Is the claim subject to offset? Other: Specify Other: Spe		'	nim.			
Check if this claim is for a community debt is the claim subject to offset?	_	<u></u>	aiiii.			
Is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated	<u></u>	_				
□ No □ Yes □ Other. Specify □ Other.	-			•		
Yes	-		jury wniie yo	u were intoxicated		
Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Claims for death or personal injury while you were intoxicated PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debtors and another Claims for death or personal injury while you were intoxicated PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Disputed Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Claims for death or pers		U Other. Specify				
Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 this claim is for a community debt Is the claim subject to offset? Ras Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debtors and another Claims for death or personal injury while you were intoxicated When was the debt incurred? 2.4 IRS Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Contingent Do Box 7346 Philadelphia, PA 19101-7346 No Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Contingent Do mestic support obligations Taxes and certain other debts you owe the government Contingent Dobtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Contingent Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for for death or personal injury while you were intoxicated Claims for for death or personal injury while you were intoxicated Claims for for death or personal injury while you were intoxicated Claims for for death or personal injury while you were intoxicated Claims for for death or personal injury while you were intoxicated		Last 4 digits of account number	6284	\$39,830.61	\$39,830.61	\$0.00
PO Box 7346 Philadelphia, PA 19101-7346 Number Street (City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Rase Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street (City State Zip Code Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply Debtor 1 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated When was the debt incurred? 2.4 IRS Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street (City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		When was the debt incurred?	2021			
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only		When was the dest mounted.	2021			
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 3 and Debtor 3 only Debtor 4 tleast one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 6 the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government 6284 \$123,875.00 \$123,875.00 \$0.00 \$0.00		A of the data was file the plain.	: Ob!	II 4b = 4 = = = b .		
Debtor 1 only Unliquidated Debtor 2 only Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? Claims for death or personal injury while you were intoxicated No Other. Specify 2.4 IRS Last 4 digits of account number 6284 \$123,875.00 \$123,875.00 \$0.00 Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Mho incurred the debt? Check one. Contingent Unliquidated Debtor 1 only Unliquidated Debtor 2 only Disputed Type of PRIORITY unsecured claim: As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	, ,	_	is: Check a	іі тпат арріу		
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes RS	<u>_</u>	_				
Debtor 1 and Debtor 2 only	_	_ `				
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Check if this claim is for a community debt is the claim subject to offset? No Check if this claim is for a community debt is the claim subject to offset? No Check if this claim is for a community debt is the claim subject to offset? Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated	_	•	nim:			
Check if this claim is for a community debt Is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated			aiii.			
Is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated No	<u>_</u>	_				
■ No □ Yes IRS	•			=		
IRS Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Last 4 digits of account number 6284 \$123,875.00 \$0.0	<u> </u>	•	jury writte yo	u were intoxicated		
Priority Creditor's Name Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? 2023 As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		Other. Specify				
Bankruptcy Department PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 2023 As of the date you file, the claim is: Check all that apply Location is: Check all that apply As of the date you file, the claim is: Check all that apply Location is: Check all that apply As of the date you file, the claim is: Check all that apply Location is: Check all that apply L	2.4 IRS	Last 4 digits of account number	6284	\$123,875.00	\$123,875.00	\$0.00
PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Check if that apply Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	•	W/h th	2022			
Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No As of the date you file, the claim is: Check all that apply □ Contingent □ Unliquidated □ Disputed □ Disputed □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify		when was the debt incurred?	2023			
Who incurred the debt? Check one. □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Contingent □ Unliquidated □ Disputed □ Disputed □ Disputed □ Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify	Philadelphia, PA 19101-7346					
□ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify	•	<u> </u>	is: Check a	II that apply		
□ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated ■ No □ Other. Specify	_	_				
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify	_					
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify		•				
☐ Check if this claim is for a community debt Is the claim subject to offset? No □ Other. Specify □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Other. Specify	·	**	aim:			
Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated No ☐ Other. Specify	☐ At least one of the debtors and another	•				
■ No □ Other. Specify						
- Other Specify						
	■ No □ Yes	☐ Other. Specify				

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Debtor	1 Lawrence Peter Shombert		Case nu	mber (if known)	24-15368	
2.5	Montgomery County Tax Office	Last 4 digits of account number	5771	\$6,160.69	\$6,160.69	\$0.00
	Priority Creditor's Name Department of Finance 27 Courthousse Square Suite 200	When was the debt incurred?	2023			
-	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
WI	ho incurred the debt? Check one.	Contingent		шасары,		
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
	At least one of the debtors and another	☐ Domestic support obligations				
	Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the a	lovernment		
	the claim subject to offset?	☐ Claims for death or personal in	_			
	No	Other. Specify				
	Yes					
2.6	Ohio Department of Taxation	Last 4 digits of account number	6284	\$28,755.00	\$28,755.00	\$0.00
	Priority Creditor's Name P.O. Box 2679	When was the debt incurred?	2023			
	Columbus, OH 43270-2679 Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
WI	ho incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
	At least one of the debtors and another	☐ Domestic support obligations				
	Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the g	overnment		
	the claim subject to offset?	Claims for death or personal in	jury while you	were intoxicated		
	No Yes	Other. Specify				
2.7	State of Vermont Priority Creditor's Name	Last 4 digits of account number	6284	\$11,282.28	\$11,282.28	\$0.00
	Department of Taxes 133 State Street	When was the debt incurred?	12/31/20	22		
	Montpelier, VT 05633-1401 Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
	ho incurred the debt? Check one.	☐ Contingent		,		
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
	At least one of the debtors and another	☐ Domestic support obligations				
	Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the g	overnment		
Is	the claim subject to offset?	☐ Claims for death or personal in	jury while you	were intoxicated		
	No	Other. Specify				
Ш	Yes					
	= 11,411,412,412					
Part 2:						
	any creditors have nonpriority unsecured clain	-				
Ц١	No. You have nothing to report in this part. Submit	this form to the court with your other	schedules.			
	Yes.					

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

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Debtor 1 Lawrence Peter Shombert Case number (if known) unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Total claim 4.1 **Bitty Advance** Last 4 digits of account number 2153 \$18,500.00 Nonpriority Creditor's Name 1855 Griffin Rd A-474 09/19 When was the debt incurred? Dania, FL 33004 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 **Bitty Advance** Last 4 digits of account number 2153 \$25,000.00 Nonpriority Creditor's Name 1855 Griffin Rd A-474 When was the debt incurred? 10-24 Dania, FL 33004 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 \$9,409.00 Capital One Last 4 digits of account number 1728 Nonpriority Creditor's Name Opened 12/20/11 Last Active Attn: Bankruptcy Po Box 30285 When was the debt incurred? 06/24 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

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Debtor	1 Lawrence Peter Shombert		Case number (if known) 24-15368					
4.4	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	3465	\$456.00				
	Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 12/11 Last Active 5/24/24					
	Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	Contingent						
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed						
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.5	Chase Card Services	Last 4 digits of account number	2897	\$5,353.00				
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298	When was the debt incurred?	Opened 04/23 Last Active 06/24					
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim	in Charled that apply					
	Who incurred the debt? Check one.	_	s: Опеск ан тат арру					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.6	Citi Card/Best Buy Nonpriority Creditor's Name	Last 4 digits of account number	9049	\$11,132.00				
	Attn: Citicorp Cr Srvs Centralized Bankr Po Box 790040	When was the debt incurred?	Opened 10/18 Last Active 5/17/24					
	St Louis, MO 36179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	<u> </u>					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	■ Other. Specify Credit Card	I					

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Debto	Lawrence Peter Shombert		Case number (if known) 24-15	368
4.7	Citibank	Last 4 digits of account number	2296	\$567.00
	Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63179	When was the debt incurred?	Opened 08/01 Last Active 6/15/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you di	d not
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Credit Care	d	
4.8	Dell Business Credit	Last 4 digits of account number	6582	\$2,776.90
	Nonpriority Creditor's Name PO Box 5275 Carol Stream, IL 60197-5275	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you di	d not
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
4.9	DVC Association Manager Nonpriority Creditor's Name	Last 4 digits of account number	3120	\$6,546.68
	28397 Network Place Chicago, IL 60673-1283	When was the debt incurred?	2024	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	Later	
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	d claim:	
	Check if this claim is for a community debt	☐ Obligations arising out of a sep	aration agreement or divorce that you di	d not
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-shari	ag plane, and other similar debte	
	■ No	<u> </u>	ig pians, and other Similar debts	
	☐ Yes	Other Specify		

Debto	Lawrence Peter Shombert		Case number (if known) 24-15368	3					
4.1	IRS	Last 4 digits of account number	6284	\$168,847.81					
<u> </u>	Nonpriority Creditor's Name Bankruptcy Department PO Box 7346	When was the debt incurred?	2018						
	Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did no	ot					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify							
4.1	Lending USA	Last 4 digits of account number	1331	\$3,534.00					
	Nonpriority Creditor's Name Attn: Bankruptcy 15303 Ventura Blvd., Suite 850 Sherman Oaks, CA 91403	When was the debt incurred?	Opened 2/22/23 Last Active 4/27/24						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	As of the date you file, the claim is: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ot						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Unsecured							
4.1	Mariner Finance, LLC	Last 4 digits of account number	5320	\$12,768.00					
	Nonpriority Creditor's Name Attn: Bankruptcy 8211 Town Center Drive Nottingham, MD 21236	When was the debt incurred?	Opened 11/23 Last Active 05/24	_					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt		ration agreement or divorce that you did no	ot					
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharin							
	Yes	■ Other, Specify Debt consc	lidation						

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Debtor 1	Lawrence	Peter Shombert		Case nu	ımber (if known)	24-15368	
J '	One Main F		Last 4 digits of account number	2662			\$17,547.00
, F	Nonpriority Cred Attn: Bankr Po Box 325 Evansville,	uptcy 1	When was the debt incurred?	Open 5/31/2	ed 09/23 Las 24	t Active	
1	Number Street (City State Zip Code ::he debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
I	Debtor 1 only	у	☐ Contingent				
[Debtor 2 only	у	☐ Unliquidated				
]	Debtor 1 and	d Debtor 2 only	☐ Disputed				
[At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
[☐ Check if this	s claim is for a community	☐ Student loans				
	debt s the claim sul	bject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agı	reement or divorce	that you did not	
ı	No		Debts to pension or profit-sharing	ng plans, a	and other similar de	ebts	
[☐ Yes		Other. Specify Unsecured				
	Synchrony		Last 4 digits of account number	7030			\$3,857.00
, F	Nonpriority Cred Attn: Bankr Po Box 965	uptcy 060	When was the debt incurred?	Open 06/24	ed 02/19 Las	t Active	
	Orlando, FL	_ 32896 City State Zip Code	As of the date you file, the claim	is: Chook	all that apply		
		the debt? Check one.	As of the date you me, the claim	is. Check	ан тат арріу		
I	Debtor 1 only	у	☐ Contingent				
[Debtor 2 only	у	☐ Unliquidated				
[Debtor 1 and	d Debtor 2 only	☐ Disputed				
[At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
[☐ Check if this	s claim is for a community	☐ Student loans				
	debt s the claim sul	bject to offset?	Obligations arising out of a separeport as priority claims	aration agi	reement or divorce	that you did not	
I	No		Debts to pension or profit-sharing	ng plans, a	and other similar de	ebts	
[☐ Yes		Other. Specify Credit Card	t			
Part 3:	List Others	s to Be Notified About a Debt T	hat You Already Listed				
is trying have me notified	s page only if y g to collect from ore than one c I for any debts	you have others to be notified about myou for a debt you owe to some treditor for any of the debts that you in Parts 1 or 2, do not fill out or su	nt your bankruptcy, for a debt that yone else, list the original creditor in u listed in Parts 1 or 2, list the add abmit this page.	Parts 1	or 2, then list the	collection agency	here. Similarly, if you
Part 4:	_	mounts for Each Type of Unse			murmanan ambu 20		I the emerimte for each
	unsecured cla	certain types of unsecured claims. iim.	inis information is for statistical r	eporting		•	the amounts for each
	6a.	Domestic support obligations		6a.	Total	Claim 0.00	
Total claims	ou.	Domestic Support Obligations		oa.	Ψ	0.00	
from Part		Taxes and certain other debts yo	-	6b.	\$	459,600.76	
	6c.	Claims for death or personal inju		6c.	\$	0.00	
	6d.	Other. Add all other priority unsecu	red ciaims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a through	n 6d.	6e.	\$	459,600.76	
Total claims	6f.	Student loans		6f.	Total	Claim 0.00	

Debtor 1 Lav	wrence	Peter Shombert	Case no	umber (if known)	24-15368	
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	286,294.39	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	286,294.39	

Case 24-15368 Doc 8 Filed 07/03/24 Page 33 of 39

Fill in this inform	mation to identify your	case:		
Debtor 1	Lawrence Peter S			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLAND		
	24-15368			
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otate	ZII Code	
0	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5)		• • • • • • • • • • • • • • • • • • • •	2 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Fill in this i	information to identify your	casa:			ĺ
Debtor 1	Lawrence Peter S	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing		Middle Name	Last Name		
United State	es Bankruptcy Court for the:	DISTRICT OF MARYLA	AND		
Case numb	er 24-15368				☐ Check if this is an amended filing
	Form 106H ule H: Your Cod	ebtors			12/15
people are f fill it out, an your name a	filing together, both are equ	ally responsible for supp boxes on the left. Attack Answer every question	olying correct informat n the Additional Page t 	ion. If more space is to this page. On the to	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
■ No		,			
☐ Yes					
Arizona _	in the last 8 years, have you a, California, Idaho, Louisiana Go to line 3.				ty states and territories include)
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line : Form 1 out Col	2 again as a codebtor only i	f that person is a guaran I Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed t 6G). Use Schedule D	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill editor to whom you owe the debt
				Check all solicadi	os triat appry.
3.1	lame			Schedule D, lir	
				☐ Schedule E/F,☐ Schedule G, lii	
	lumber Street City	State	ZIP Code	_	
3.2				Schedule D, lir	
N	lame			☐ Schedule E/F,☐ Schedule G, lii	
	lumber Street City	State	ZIP Code	_	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

							-				
	in this information to the thick the		eter Shombert								
1	btor 2					_					
` `		otcy Court for the	DISTRICT OF MARYL	_AND							
Cas	se number 24-	-15368				_	Chec	k if this is	:		
(If kr	nown)							n amende	ed filing		
L										g postpetition ollowing date:	
<u>O</u>	<u>fficial Form</u>	<u> 1061</u>					N	MM / DD/ Y	YYYY		
S	chedule I:	Your Inco	ome								12/1
spo atta	use. If you are sep ch a separate she	parated and you et to this form. (e Employment	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not inclu	ıde infor	mati	on abou	t your sp	ouse. If mo	ore space is	needed,
١.	information.	Oyment		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more attach a separate		Employment status	■ Employed				☐ Empl	oyed		
	information about		p.cyc.u.c.u.c	□ Not employed				☐ Not e	employed		
	employers.		Occupation	Radiation Onco	ologist						
	Include part-time, self-employed wo		Employer's name	UPMC Western	Maryla	nd					
	Occupation may i or homemaker, if		Employer's address	12500 Willowbr Cumberland, M							
			How long employed the	here? 9 mont	ths			_			
Pai	rt 2: Give De	tails About Mor	thly Income								
	imate monthly incouse unless you are		ate you file this form. If y	you have nothing to r	eport for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing e space, attach a so		ore than one employer, co	ombine the information	on for all	empl	oyers for	that perso	on on the li	nes below. If	you need
							For De	btor 1		btor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthly		2.	\$	45	,412.50	\$	N/A	
3.	Estimate and lis	t monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	45,4	12.50	\$	N/A	

Debto	r 1	Lawrence Peter Shombert	_	C	ase number (if known)	24-15368	}		
					For Debtor 1	For Deb	g spou	se	
(Сор	y line 4 here	4.	;	45,412.50	\$		N/A	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	. 9	16,237.58	\$	1	N/A	
	5b.	Mandatory contributions for retirement plans	5b.		0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.		0.00	\$		N/A	
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.		0.00	\$ \$		N/A N/A	
	5ı. 5g.	Union dues	5g.		0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h.		0.00	+ \$		VA	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	9		\$		N/A	
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9		\$		N/A	
	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	. :	0.00	\$	ı	N/A	
	8b.	Interest and dividends	8b.		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		0.00	\$		N/A_	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		0.00	\$ \$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$ 0.00	\$ \$		N/A	
	8g.	Pension or retirement income	 8g.	. :	0.00	\$		N/A	
;	8h.	Other monthly income. Specify: Imputed Earnings	8h.	.+ \$	880.11	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	880.11	\$		N/A	
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	30,055.03 + \$	N	/A = \$	30	,055.03
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ		134	$\mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} $,000.00
11.	Stat Inclu	e all other regular contributions to the expenses that you list in <i>Schedule</i> ade contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	depe		•	ted in Sched	dule J. 1. +\$		0.00
,		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies				a, if it	2. \$	30	,055.03
13.	Do v	ou expect an increase or decrease within the year after you file this form	?					nbine nthly i	d ncome
		No.	-						
	_	Voc. Evoloin:							

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:					
Deb		Lawrence Pe		nbert			k if this is: An amended filing	
1	tor 2 buse, if filing)						•	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF MARYLAND		-	MM / DD / YYYY	
	e number 24 nown)	l-15368						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
info	rmation. If m		eded, atta	. If two married people a ch another sheet to this n.				
Par		ibe Your House	hold					
1.	Is this a joir							
	■ No. Go to		in a separ	ate household?				
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							■ No
	dependents	names.			Son		33	☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
2	De veur evr	anaaa inaluda						☐ Yes
3.	expenses of	enses include f people other t d your depende	han $_{oldsymbol{\sqcap}}$	No Yes				
Par		ate Your Ongoi						
exp				uptcy filing date unless y is filed. If this is a sup				apter 13 case to report f the form and fill in the
				government assistance				
	value of sucl ficial Form 10		d have inc	cluded it on Schedule I:	Your Income		Your exp	enses
4.		or home owners and any rent for the		ses for your residence.	Include first mortgag	e 4. \$	·	8,083.12
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	•	rty, homeowner's				4b. \$		0.00
				pkeep expenses		4c. \$		300.00
5.		owner's associat		dominium dues our residence, such as he	ome equity loans	4d. \$ 5. \$		304.00 0.00
J.	Auditional	norigage payill	cities for yo	our residence, such as in	onic equity Idans	υ. φ	'	0.00

Debtor	Lawrence Peter Shombert	Case number (if kno	own) 24-15368
6. Ut	ilities:		
6a	. Electricity, heat, natural gas	6a. \$	520.00
6b	. Water, sewer, garbage collection	6b. \$	200.00
6c	. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	400.00
6d	. Other. Specify: Rent - Cumberland	6d. \$	1,500.00
7. F o	od and housekeeping supplies	7. \$	650.00
8. C r	ildcare and children's education costs	8. \$	0.00
9. CI	othing, laundry, and dry cleaning	9. \$	100.00
10. Pe	rsonal care products and services	10. \$	100.00
	edical and dental expenses	11. \$	200.00
12. Tr	ansportation. Include gas, maintenance, bus or train fare.	· 	
	not include car payments.	12. \$	50.00
13. E n	tertainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
14. C r	aritable contributions and religious donations	14. \$	50.00
15. In s	surance.		
Do	not include insurance deducted from your pay or included in lines 4 or 20.		
15	a. Life insurance	15a. \$	368.45
15	b. Health insurance	15b. \$	300.00
15	c. Vehicle insurance	15c. \$	215.00
15	d. Other insurance. Specify: Homeowners Umbrella	15d. \$	41.00
16. Ta	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Sp	ecify:	16. \$	0.00
17. In s	stallment or lease payments:		
17	a. Car payments for Vehicle 1	17a. \$	613.46
17	b. Car payments for Vehicle 2	17b. \$	0.00
17	c. Other. Specify:	17c. \$	0.00
17	d. Other. Specify:	17d. \$	0.00
18. Yc	our payments of alimony, maintenance, and support that you did not report as		
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19. Ot	her payments you make to support others who do not live with you.	\$	200.00
Sp	ecify: Disabled Son	19.	
	her real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Your Inco	me.
20	a. Mortgages on other property	20a. \$	180.00
20	b. Real estate taxes	20b. \$	0.00
20	c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20	d. Maintenance, repair, and upkeep expenses	20d. \$	500.00
20	e. Homeowner's association or condominium dues	20e. \$	547.00
21. Ot	her: Specify:	21. +\$	0.00
	· · ·		
	lculate your monthly expenses		
	a. Add lines 4 through 21.	\$	15,472.03
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.	\$	15,472.03
	color of the state	00- *	
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	30,055.03
23	b. Copy your monthly expenses from line 22c above.	23b\$	15,472.03
_			
23	c. Subtract your monthly expenses from your monthly income.	23c. \$	14,583.00
	The result is your monthly net income.	230. Ψ	14,000.00
	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your		to increase or decrease because of a
mo	dification to the terms of your mortgage?	2.13.13.2 pay3iii (
	No.		

Fill in this in	formation to identify your	case:			
Debtor 1	Lawrence Peter S				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF MARYL	AND		
Case number	24-15368				
(if known)				-	check if this is an mended filing
	orm 106Dec ation About a	an Individua	l Debtor's Scl	hedules	12/15
years, or both	ney of property by fraud in n. 18 U.S.C. §§ 152, 1341, 1		kruptcy case can result in	fines up to \$250,000, or imprise	onnent for up to 20
Did you	pay or agree to pay some	eone who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes	s. Name of person			Attach Bankruptcy Petiti Declaration, and Signatu	
	enalty of perjury, I declare vare true and correct.	that I have read the sun	nmary and schedules filed	with this declaration and	
X /s/1	awrence Peter Shombo	ert	X		
Law	rence Peter Shombert ature of Debtor 1		Signature of D	Debtor 2	